

**VAHQ's QUALITY PROFESSIONAL OF THE YEAR
Nomination Form**

Name of Nominee: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email Address: _____

Current Position: _____

VAHQ membership (number of years a member of VAHQ): _____

Please provide specifics for each criterion as to how the nominee has demonstrated the characteristics of commitment, dedication, passion, and enthusiasm for improving the quality of healthcare as a healthcare quality professional. (If additional space is needed, please attach separate sheet.)

I. Service to the hospital or agency in at least one of the following:

- ◆ Relied upon by others to foster the quality of care guidelines.
- ◆ Promotes compliance with regulatory and organizational policies to improve healthcare quality.
- ◆ Embodies the spirit and portrays the image of the outstanding healthcare professional

II. Service to the VAHQ or other Quality association(s) in at least one of the following:

- ◆ Local association(s) participation, as a member, officer, director, leader and/or team member.
- ◆ State participation as an officer, director, leader, team member and/or representative to the NAHQ Leadership Council.
- ◆ National participation in NAHQ as a board member, team leader, team member, and/or Leadership Council member.

III. Contribution to the body of knowledge in at least one of the following:

- ◆ Dissemination of knowledge of practice through voluntary consultation to others in the field.
- ◆ Recognized resource person in area of specialty.

IV. Publication activities in at least one of the following:

- ◆ Publication of healthcare quality management articles in professional newsletters, letters to the editor or journals is desirable.

V. Education leadership in at least one of the following:

- ◆ Presenter at hospital or agency level programs, local, state, regional, or national workshops, seminars, or conferences.
- ◆ Co-presenter at local, state, regional, or national workshops, seminars, or conferences.
- ◆ Instructor for hospital or agency, local, state, regional, or national in-service training programs.

Nominee's Name: _____

Nominator(s) Name(s): _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email Address: _____

Signature: _____

Date: _____

Nominations: The Deadline for nominations is September 1st, 2009.

- ◆ The VAHQ Board of Directors will vote at their August Board Meeting and the Recipient will be announced in October at the Annual Membership Meeting.

◆ **Mail the Nomination Form to:**

Suzy Pace, BSN, RN, CPHQ
Director, Quality Management
Bon Secours Richmond Community Hospital
1500 North 28th Street
Richmond, VA 23223
Work: 804-915-1281 Cell: 804-337-3982

◆ **Email the Nomination Form to:**

Suzy Pace, BSN, RN, CPHQ
susan_pace@bshsi.org

